

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4117AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/26/2008
NAME OF PROVIDER OR SUPPLIER THE PALMS AT SIENA MEMORY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 2920 W HORIZON RIDGE PARKWAY HENDERSON, NV 89052		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual State Licensure survey and complaint investigation survey conducted at your facility on 9/26/08.</p> <p>This survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility is licensed for 40 total beds.</p> <p>The facility was licensed as a forty (40) beds, Residential Facility for Groups which provides care to persons with Alzheimer's disease, Category II residents.</p> <p>The census at the time of the survey was 31 residents.</p> <p>Ten (10) of twenty (20) resident files were reviewed.</p> <p>Eleven (11) of twenty-one (21) employee files were reviewed.</p> <p>There were two (2) complaints investigated:</p> <p>Complaint # NV 19282 was unsubstantiated Complaint # NV 12048 was unsubstantiated</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were</p>	Y 000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 000	Continued From page 1 identified:	Y 000		
Y 104 SS=D	449.200(1)(e) Personnel File - References NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (e) Evidence that the references supplied by the employee were checked by the residential facility. This Regulation is not met as evidenced by: Based on record review it was determined the facility failed to ensure references supplied by employees were checked for 2 of 11 sampled employees files (#6 #7). Findings include: Record Review: Employee #6's file lacked documentation of any reference checks. Employee #7's file lacked documentation of any reference checks. Severity: 2 Scope: 1	Y 104		
Y 175 SS=D	449.209(4)(b) Health and Sanitation-Hazards NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from:	Y 175		

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Y 175	Continued From page 2 (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility. This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure the premises were kept free from hazards. Findings include: Observation On 9/26/08 at 10:15 AM, during the initial tour of the facility, there was an open paint bucket on the floor in the video surveillance/fire panel control room. The paint bucket was an obstacle that impeded staff response to the fire control panel. Severity: 2 Scope: 1	Y 175			
Y 434 SS=F	449.229(3) Emergency Drills NAC 449.229 3. A drill for evacuation must be performed monthly on an irregular schedule, and a written record of each drill must be kept on file at the facility for not less than 12 months after the drill. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure evacuation drills were conducted monthly, recorded and kept on file at the facility. Findings include:	Y 434			

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Y 434	Continued From page 3 A review of the fire drill log revealed the facility failed to conduct monthly fire drills. Fire drills were recorded for 3 of the past 12 months. Severity: 2 Scope: 3	Y 434		
Y 435 SS=D	449.229(4) Fire Extinguisher; Inspection NAC 449.229 4. Portable fire extinguishers must be inspected, recharged and tagged at least once each year by a person certified by the State Fire Marshall to conduct such inspections. This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure that 1 of 8 fire extinguishers were inspected annually. Findings include: On 09/26/08 at 10:15 AM a fire extinguisher was observed in the video surveillance room that had an expired inspection tag dated July 07. Severity: 2 Scope: 1	Y 435		
Y 444 SS=F	449.229(9) Smoke Detectors NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant	Y 444		

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Y 444	Continued From page 4 to this subsection must be recorded and maintained at the facility. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure smoke detectors were tested monthly. Findings include: The smoke detector testing log revealed the facility smoke detectors were tested xxx (x) in the past twelve (12) months. Severity: 2 Scope: 3	Y 444		
Y 999 SS=F	449.2754(1)(g) Alzheimer's Facility NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. This Regulation is not met as evidenced by: Based on observation the facility failed to ensure all toxic substances were not accessible to the residents at the facility. Findings include: The bathroom cabinets containing shampoo, lotion and other toiletries were not locked in 12 of	Y 999		

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Y 999	Continued From page 5 23 resident bathrooms. Severity: 2 Scope: 3	Y 999		

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